



1fr 1711

TRANSMITTAL FORM (To be used for all correspondence after initial filing)	Application Number	10/019,200
	Filing Date	December 20, 2001
	First Named Inventor	Victor Knopov
	Art Unit	1711
	Examiner Name	Saira B. Raza
	Attorney Docket No.	480208.433USPC2

ENCLOSURES (check all that apply)		
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Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number 00500	
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Printed Name	Carol D. Loherty, Ph.D.		
Date	April 14, 2006	Reg. No.	51,909

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**REVOCATION OF POWER
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Application Number	10/019, 200
Filing Date	December 20, 2001
First Named Inventor	Victor Knopov
Group Art Unit	1711
Examiner Name	Saira Raza
Attorney Docket Number	PAT-2700-US1

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	BARBARA M. CAMPBELL
Signature	Associate Director University - Industry Liaison Office <i>Barbara M. Campbell</i>
Date	<i>Mar 20 2006</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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ELECTION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/019, 200
	Filing Date	December 20, 2001
	First Named Inventor	Victor Knopov
	Group Art Unit	1711
	Examiner Name	Saira Raza
	Attorney Docket Number	PAT-2700-US1

I hereby appoint:

☒ Practitioners at Seed Intellectual Property Law Group PLLC

OR

☐ Practitioner(s) named below:

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PATENT TRADEMARK OFFICE

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ As assignee of record of the entire interest I/we hereby elect, under 37 C.F.R. § 3.71, to prosecute the application to the exclusion of the inventor.

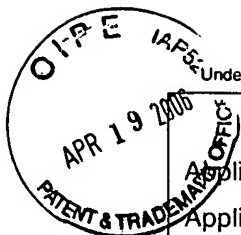
SIGNATURE of Applicant or Assignee of Record

Name	BARBARA M. CAMPBELL
Signature	Associate Director <i>Barbara M. Campbell</i>
Date	University - Industry Liaison Office <i>Mar 28 2006</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Victor Knopov et al.Application No./Patent No.: 10/019,200Filed/Issue Date: December 20, 2001Entitled: Methods and Apparatus for Preparation of Lipid Vesicles

The University of British Columbia

(Name of Assignee)

a

University

(Type of Assignee, e.g., corporation, partnership,
university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the United States Patent and Trademark Office at
Reel 012667, Frame 0977, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the
current assignee as shown below:

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[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be
submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records
of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Mar 28 2006
Date

BARBARA M. CAMPBELL

Associate Director
Typed or Printed Name

University - Industry Liaison Office

Barbara M. Campbell
Signature

Telephone Number

Title